

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000035247 (4)

1. Corporation Name

ORLANDO LAKEFRONT COMPANY

Principal Place of Business

50 N LAURA ST  
STE 3400  
JACKSONVILLE FL 32202  
US

Mailing Address

50 N LAURA ST  
STE 3400  
JACKSONVILLE FL 32202  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1993

4. FEI Number

59-3182678

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 1301 Riverplace Blvd.

Suite, Apt. #, etc.

22 1301

City & State

23 Jacksonville, FL

Zip

Country

24 32207

USA

2a. Mailing Address

26 1301 Riverplace Blvd.

Suite, Apt. #, etc.

27 1301

City & State

28 Jacksonville, FL

Zip

Country

29 32207

USA

9. Name and Address of Current Registered Agent

RAX CO.  
50 N LAURA ST  
STE 3400  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

MOTOLAW, INC

82 Street Address (P.O. Box Number is Not Acceptable)

1301 RIVERPLACE BLVD

83

1301

84 City

JACKSONVILLE

FL

85 Zip Code

32207

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

, as Vice President

2/12/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP  
STREET ADDRESS TOUB, RICHARD N  
CITY-ST-ZIP 50 N LAURA STREET, SUITE 3400  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME DVT  
STREET ADDRESS VAGHADIA, VINOD  
CITY-ST-ZIP 50 N LAURA STREET, SUITE 3400  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME S  
STREET ADDRESS LAPWOOD, CAROL  
CITY-ST-ZIP 50 N LAURA STREET, SUITE 3400  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME AT  
STREET ADDRESS EWING, KEITH  
CITY-ST-ZIP 604 COURTLAND ST SUITE 138  
ORLANDO FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

604 COURTLAND ST. SUITE 138  
ORLANDO FL 32804

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

604 COURTLAND ST. SUITE 138  
ORLANDO FL 32804

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

604 COURTLAND ST. SUITE 138  
ORLANDO FL 32804

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13 if changed, or on an attachment with an address.

CP2E034 (10/97)